



County of San Bernardino
ASSESSOR'S RECORDER-CLERK

REQUEST TO VIEW OR HAVE COPIES MADE OF
COUNTY PUBLIC RECORDS

Fax _____ Walk-in _____ Interoffice _____ Phone _____

Date Requested	Requesting By	Approved By	Date Needed
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For your convenience, Government Code Section 6256 governing Time Limits is duplicated on the reverse side of this form

Requestor Signature: _____

Name of Individual and/or Organization (including contact name and phone number)

Individual or Organization Name ()

Contact Name Phone

Address:

Street/Mail Code City State Zip

RECORDS REQUESTED

Type	Dates From - To	Special Instructions	View	Copy
<input type="radio"/> Payment Vouchers				
<input type="radio"/> Request for Payments				
<input type="radio"/> Purchase Orders				
<input type="radio"/> Request to Draw Warrants				
<input type="radio"/> Travel Claims				
<input type="radio"/> EFT				
<input type="radio"/> Courts				
<input type="radio"/> Fund Custodians				
<input type="radio"/> Utilities				
<input type="radio"/> Partial Payment				
<input type="radio"/> Recurring Payment				
<input type="radio"/> Auth. Unencum. Contracts & Purchase Orders				
<input type="radio"/> Interfaces				
<input type="radio"/> Contracts				
<input type="radio"/> Economic Interest				
<input type="radio"/> Special Instructions				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

Total number of documents requested _____ Total copies charged at \$.10 each = \$ _____

Receipt # _____ was issued by: _____

Government Code Section 6256 states

"Any person may receive a copy of any identifiable public record or copy thereof. Upon request, an exact copy shall be provided unless impracticable to do so. Computer data shall be provided in a form determined by the agency.

Each agency, upon any request for a copy of records shall determine within 10 days after the receipt of such request whether to comply with the request and shall immediately notify the person making the request of such determination and the reasons therefore."

FOR ADMINISTRATIVE USE ONLY		
Item	Name	Date
Accounts Payable Computer Printout Completed		
File Room Supervisor – Request Received		
File Room Employee – Request Received		
File Room Employee – Request Completed		
County Clerk Employee – Request Completed		
File Room Supervisor – Reviewed		
Returned to Accounts Payable		
Accounts Payable - Received		

Comments: _____

Requestor picked up package: _____
Date Signature

Package mailed per requestor (attach receipt request) _____